

Permit # _____

Issue date: _____

PHYSICALLY CHALLENGED HUNTER'S PERMIT APPLICATION

Name _____
Last First Middle Jr. or Sr.

Mailing Address _____

City _____ State _____ Zip Code _____ Phone # _____

Social Security # _____ Date of Birth _____ LA Drivers License # _____

Hunter Education Certification # _____ Date _____
(Required if you were born on or after September 1, 1969)

Type of permit you are applying for (please circle choice):

Class 1: Wheelchair Bound Class II: Mobility Impaired Class III: Amputee (upper extremity)

This section must be completed by a Louisiana Licensed Medical Doctor

In an effort to insure that all permittees meet the requirements of the law, please review this information and answer the following questions.

Permanent Disability _____

Temporary Disability _____

(To qualify the disability must be for at least one year)

Describe the specific nature of the disability and the reason this applicant qualifies for the requested permit.

I hereby affirm that I am a medical doctor licensed to practice medicine in the state of Louisiana and further state that the patient listed above meets the criteria as described in the guidelines for the Physically Challenged Hunter Program and should be issued the appropriate permit.

Physician's Name (Printed) _____

Address: _____

Phone #: _____

Approved: _____

(Signature of licensed Physician)

Date: _____

OFFICE USE ONLY

Enforcement Captain: _____

Date _____

Division Administrator: _____

Date: _____

Return completed application to:

LDWF – Region 7 (DHP)
P O Box 98000
Baton Rouge, LA 70898

225 765 2360 (Phone)
225 763 5447 (Fax)